Signature

TEMIZED INDEPENDENT EXPENDITURI	FS			PAGE 3129 OF 3254
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			(	C00530766
Check if 24-hour report 48-hour report	New r	report Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Evelyn Lesaicherre			M	
Mailing Address 629 Radiance Ave			11 Amount	12 2014
	01-10	7. 0-4-		90.00
City Metairie	State LA	Zip Code 70001	Transactio	80.00 on ID : 88449fab-989e-49a7-8
				Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date			Disbursement F	
Per Election for Office Sought		554635.78	2014	or (specify) ▶ Runoff
Full Name of Payee				Public Distribution/Dissemination
Evelyn Lesaicherre			M = 11	
Mailing Address 629 Radiance Ave				12 2017
023 (vadianos 7,40			Amount	
City	State	Zip Code		5.40
Metairie	LA	70001		on ID : 20d9b8b8-5968-4272-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of 1	
Name of Federal Candidate				
Ms. Mary L Landrieu		Support	Office Sought:	House District: 00
MS. Mary L Landneu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		554635.78	Disbursement F 2014	for: Primary General or (specify) Runoff
(a) SUBTOTAL of Itemized Independent Expendi	tures		· •	85.40
(b) SUBTOTAL of Unitemized Independent Expenditures			·	7 1 7 1 7
(c) TOTAL Independent Expenditures				
				4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan	[Electr	ronically Filed] Date	00	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Date